

Indiana Patient Registry Training

Demographics

Demographics Screen

Demographics

Injury

Pre-Hospital

Referring

ED / Acute Care

Initial Assessment

Diagnosis

Comorbidity

Procedures

Complications / PI

Outcc

► Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics »

Mark As C

⚠ Demographics has not been submitted.

Medical Record Number

Registry #:

Account Number

Injury Date

Incident Date

Time

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth

Race

Height in inches:

Address

Social Security #

SSN is not available

Age (at date of incident):

Age Units:

Ethnicity:

Gender:

Height:

Estimated Body Weight:

Favorite Locations

Demographics Screen (2)



Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI	Outcc
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► Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics » [Mark As C](#)

⚠ Demographics has not been submitted.

Medical Record Number Registry #: Account Number

Injury Date

Incident Date  Time 

Patient Information

Last Name Patient's First Name Middle Initial

Social Security # ☐ SSN is not available

Date of Birth / / Age (at date of incident): Age Units: Gender:

Race Ethnicity:

Height in inches: Height: cm Estimated Body Weight: lbs Kg

Address Favorite Locations

Demographics Screen – Injury Date

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI	Outcc
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► Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics » [Mark As C](#)

⚠ Demographics has not been submitted.

Medical Record Number

Registry #:

Account Number

Incident Date  * Time  *

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Race

Not Applicable
American Indian
Asian
Black or African American

 *

Height in inches: *

Address

Social Security #

☐ SSN is not available

Age (at date of incident): *

Age Units:

Not Applicable

 *

Ethnicity:

Not Applicable

 *

Gender:

Not Applicable



 *

Height: cm*

Estimated Body Weight: lbs Kg *

Favorite Locations

Demographics Screen – Injury Date (2)

Injury Date																																											
Incident Date	<input type="text"/>  * Time <input type="text"/> * 																																										
<div><div><div>⌂</div><div>August 2017</div><div>▶</div></div><table border="1"><thead><tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr></thead><tbody><tr><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr><tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr><tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr><tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr><tr><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td></tr></tbody></table></div>		S	M	T	W	T	F	S			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
S	M	T	W	T	F	S																																					
		1	2	3	4	5																																					
6	7	8	9	10	11	12																																					
13	14	15	16	17	18	19																																					
20	21	22	23	24	25	26																																					
27	28	29	30	31																																							
Patient Information																																											
Last Name	<input type="text"/>																																										
Patient's First Name	<input type="text"/>																																										
Middle Initial	<input type="text"/>																																										
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> *																																										
Race	<div><div>Not Applicable</div><div>American Indian</div><div>Asian</div><div>Black or African American</div></div> *																																										
Height in inches:	<input type="text"/> *																																										
Address	<input type="text"/>																																										
Address Line 2	<input type="text"/>																																										
Country	<input type="text"/>																																										
Social Security #	<input type="text"/> <input type="checkbox"/> SSN is not available																																										
Age (at date of incident):	<input type="text"/> *																																										
Age Units:	Not Applicable ▼ *																																										
Ethnicity:	Not Applicable ▼ *																																										
Estimated Body Weight:	<input type="text"/> lbs <input type="text"/> Kg *																																										
Favorite Locations	<input type="text"/> ▼																																										

Demographics Screen – Injury Date (3)

Medical Record Number	<input type="text"/>	Registry #:	<input type="text"/>	Account Number	<input type="text"/>
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Injury Date

Incident Date  * Time  *

Patient Information

Last Name
Patient's First Name
Middle Initial

Social Security #
☐ SSN is not available

Date of Birth / / *

Age (at date of incident): *

Age Units: *

Race

Not Applicable

American Indian

Asian

Black or African American

 *

Ethnicity:



Demographics Screen – Date/Time Helper


Auto Populate Date Fields


Incident Date

This date/time will be used to auto-populate the fields listed below.
(Click on the Label to populate)

	Dates	Times
Date Discharged from ED (Physical Exit)	<input type="text"/>	<input type="text"/>
Date Discharged from ED (Orders Written)	<input type="text"/>	<input type="text"/>
Date Arrived in ED/Acute Care	08/08/2017	<input type="text"/>
Blood Ordered Date	<input type="text"/>	<input type="text"/>
Crossmatch Date	<input type="text"/>	<input type="text"/>
Blood Administered Date	<input type="text"/>	<input type="text"/>
Hospital Discharge Date (Physical Exit)	<input type="text"/>	<input type="text"/>
Hospital Discharge Date (Orders Written)	<input type="text"/>	<input type="text"/>

You can click into any date field to change to a different date or to delete the auto-populate

 Save

 Close

Demographics Screen – Patient Information

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Years

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Not Hispanic or Latino

Gender:

Male

Address

Address Line 2

Country

United States

Favorite Locations

Home Zip/Postal Code

☐ Add to Favorite Locations

City

Munster

County

Lake

State

Indiana

Alternate Residence

Not Applicable

Would you like to participate in the follow up survey?:

No

Lookup

Demographics Screen – Patient Information (2)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Gender:

Address

Address Line 2

Country

Favorite Locations

Home Zip/Postal Code

☐ Add to Favorite Locations

City

County

State

Alternate Residence

Would you like to participate in the follow up survey?:

Lookup

Demographics Screen – Patient Information (3)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

04

/

28

/

1933

*

Race

White

American Indian

Asian

Black or African American

*

Address

Address Line 2

Country

United States

*

☐ Add to Favorite Locations

City

Munster

County

Lake

State

Indiana

*

Alternate Residence

Not Applicable

*

Would you like to participate in the follow up survey?:

No

*

Age (at date of incident):

79

*

Age Units:

Years

*

Ethnicity:

Not Hispanic or Latino

*

Gender:

Male

*

Favorite Locations

*

Home Zip/Postal Code

46321

*

Lookup



Demographics Screen – Patient Information (4)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

04 / 28 / 1933

Age (at date of incident):

79

Age Units:

Years

Race

White
American Indian
Asian
Black or African American

Ethnicity:

Not Hispanic or Latino

Gender:

Male

Address

Address Line 2

Country

United States

Favorite Locations

Home Zip/Postal Code

46321

☐ Add to Favorite Locations

City

Munster

County

Lake

State

Indiana

Lookup

Alternate Residence

Not Applicable

Would you like to participate in the follow up survey?:

No

Demographics Screen – Patient Information (5)

Patient Information

Last Name	<input type="text"/>	Social Security #	<input type="text"/>
Patient's First Name	<input type="text"/>	<input type="checkbox"/> SSN is not available	
Middle Initial	<input type="text"/>		
Date of Birth	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="1933"/>	Age (at date of incident):	<input type="text" value="79"/>
		Age Units:	<input type="text" value="Years"/>
Race	<div><div>White</div><div>American Indian</div><div>Asian</div><div>Black or African American</div></div>	Ethnicity:	<input type="text" value="Not Hispanic or Latino"/>
Address	<input type="text"/>	Gender:	<input type="text" value="Male"/>
Address Line 2	<input type="text"/>		
Country	<input type="text" value="United States"/>	Favorite Locations	<input type="text"/>
		Home Zip/Postal Code	<input type="text" value="46321"/>
<input type="checkbox"/> Add to Favorite Locations			
City	<input type="text" value="Munster"/>	County	<input type="text" value="Lake"/>
		State	<input type="text" value="Indiana"/>
Alternate Residence	<input type="text" value="Not Applicable"/>	<input type="button" value="Lookup"/>	
Would you like to participate in the follow up survey?:	<input type="text" value="No"/>		

Demographics Screen – Patient Information (6)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Gender:

Address

Address Line 2

Country

Favorite Locations

Home Zip/Postal Code

☐ Add to Favorite Locations

City

County

State

Alternate Residence

Would you like to participate in the follow up survey?:

Lookup

Demographics Screen – Patient Information (7)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Gender:

Address

Address Line 2

Country

Favorite Locations

Home Zip/Postal Code

☐ Add to Favorite Locations

City

County

State

Alternate Residence

Would you like to participate in the follow up survey?:

Lookup

Demographics Screen – Patient Information (8)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Gender:

Address

Address Line 2

Country

Favorite Locations

Home Zip/Postal Code

☐ Add to Favorite Locations

City

County

State

Alternate Residence

Would you like to participate
in the follow up survey?:

Lookup

Demographics Screen – Patient Information (9)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Gender:

Address

Address Line 2

Country

Favorite Locations

Home Zip/Postal Code

☐ Add to Favorite Locations

City

County

State

Alternate Residence

Would you like to participate in the follow up survey?:

Lookup

Demographics Screen – Patient Information (10)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

/ /

Age (at date of incident):

Age Units:

Race

White

American Indian

Asian

Black or African American

Ethnicity:

Gender:

Address

Favorite Locations

Address Line 2

Country

Home Zip/Postal Code

☐ Add to Favorite Locations

City

County

State

Lookup

Alternate Residence

Would you like to participate
in the follow up survey?:

Demographics Screen – Lookup

Lookup

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

State	Indiana ▼
County	All Counties ▼
City	
Postal Code:	

SearchResetSet

✕ Close

Demographics Screen – Patient Information (11)

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

04 / 28 / 1933 *

Age (at date of incident):

79 *

Age Units:

Years ▼ *

Race

White
American Indian
Asian
Black or African American ▼ *

Ethnicity:

Not Hispanic or Latino ▼ *

Gender:

Male ▼ *

Address

Address Line 2

Country

United States ▼ *

Favorite Locations

Home Zip/Postal Code

46321 *

☐ Add to Favorite Locations

City

Munster *

County

Lake *

State

Indiana *

Alternate Residence

Not Applicable ▼ *

Would you like to participate
in the follow up survey?:

No ▼

Lookup

Demographics Screen – Financial Information(12)

Financial Information

Primary Method of Payment:

- Primary Method of Payment - ▼ *

Other Billing Source:

Secondary Method of
Payment:

- Secondary Method of Payment - ▼

Secondary Other Billing
Source:

Third Method of Payment:

- Third Method of Payment - ▼

Third Other Billing Source:

Billed Hospital Charges:

\$

Work Related:

No ▼

Reimbursed Charges:

\$



Demographics Screen – Save & Continue

Race		Age Units: Years *	Ethnicity: Not Hispanic or Latino *	Gender: Male *
<div>White American Indian Asian Black or African American</div> *				
Address		Favorite Locations		
<div>Address Line 2</div>				
Country United States *		Home Zip/Postal Code 46321 *		
<input type="checkbox"/> Add to Favorite Locations				
<div>City Munster *</div>		<div>County Lake *</div>	<div>State Indiana *</div>	<div>Lookup</div>
Alternate Residence Not Applicable *				
Would you like to participate in the follow up survey?: No				

Financial Information

Primary Method of Payment: Private / Commercial Insurance *	Reimbursed Charges: \$
Secondary Method of Payment: Medicare	
Third Method of Payment: Not Applicable	
Billed Hospital Charges: \$	
Work Related: No	

Save

Save and Continue